

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

17 -62-015907

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 181

Primary Registration District No. 181

Registrar's No. 5677

VS 300  
Rev. 4/59

1 0570

2 0570

3

4 0

5 1

6

7 0

8 2

9 5810

10

11

12 86-2

13 3-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH 20 1962

a. COUNTY Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN UnionLength of stay in lb  
2 Wksc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Thalmann Nursing HomeInside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Lincoln

c. CITY OR TOWN Troy Mo.

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

SIDNEY

SHELTON

4. DATE OF DEATH

Month

Day

Year

April 13 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec 12, 1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

4

1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Carpenter10b. KIND OF BUSINESS OR INDUSTRY  
Building Homes11. BIRTHPLACE (City and state or country)  
Troy Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Wm Shelton

13b. MOTHER'S MAIDEN NAME

Lida Gordon

14. NAME OF HUSBAND OR WIFE

Ethel Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Ethel Shelton

Address

Troy MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLARY FAILURE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

HEPATIC COMA + HEMORRHAGE

DUE TO (c)

HEPATIC CIRRHOSIS

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-10-62 to April 13, 1962 and last saw him alive on April 11, 1962  
Death occurred at 2:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

4-16-62

Troy Cemetery

Troy MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. McEay Troy Mo

4-16-62

Ray &amp; Pearl acting local Reg. by RA

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed D. W. McCarry

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained.